



Revenue Division
(510) 494-4790 ext. 2
39550 Liberty Street, P. O. Box 5006
Fremont, CA 94537-5006
www.fremont.gov
Fax (510) 494-4754

Business Tax No. _____

- ☐ New Business
☐ Home Occupation Form Required
☐ Out-Of-Town Business
☐ Change of Owner
☐ Change of Business Name
☐ Location Change ☐ 2nd Location

BUSINESS TAX APPLICATION

Please complete ALL SPACES related to your business . Please type or print clearly in ink .

Business Name _____	Bus. Start Date _____
Corporation Name _____ (if different)	Sellers Permit No. _____
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>	Federal Tax ID No. _____
	State ID No. _____
Mailing Address _____	Contractor's Lic. No. _____
Phone No. _____ Alternate/Cell _____	Contractor Lic. Type _____
Email Address _____	Expiration Date _____
Website Address _____	Fax No. _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	

CHECK ALL APPROPRIATE BOX (ES) AND DESCRIBE BUSINESS ACTIVITY . WRITE PERCENTAGE IF MORE THAN ONE .
Provide detailed description of business activity .

Does your company sell products over the internet ? YES/NO Or by catalog? YES/NO

- | | |
|--|---|
| <input type="checkbox"/> Retail Sales _____ % | <input type="checkbox"/> Professional Services _____ % |
| <input type="checkbox"/> Wholesale _____ % | <input type="checkbox"/> Professional License No. _____ |
| <input type="checkbox"/> Warehousing _____ % | <input type="checkbox"/> Administrative Office (No Sales) _____ % |
| <input type="checkbox"/> Manufacturing _____ % | <input type="checkbox"/> Research and Development _____ % |
| <input type="checkbox"/> Real Estate _____ % | <input type="checkbox"/> Rental Property Mgmt/Ownership _____ % |
| <input type="checkbox"/> Service _____ % | <input type="checkbox"/> No. of Rental Units _____ |

Business Start date in Fremont : _____

Number of Employees at Fremont Location including owner : _____

Does your business involve ☐ Importing ☐ Exporting ☐ None

What is the square footage at your location : _____

Does your business share occupancy with another business , (If yes list name of business : _____

If your business has a separate storage or corporation yard , indicate the location : _____

☐ Please check here if you do not wish to have your business information listed on 3rd party business lists .

Enter below names of Owners , Partners , or Corporate Officers - DO NOT LEAVE BLANK (attach additional sheet , if necessary)

1st Owner Name _____	Title _____	Phone No. _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Driver Lic. No. _____
		Soc. Sec. No. _____
2nd Owner Name _____	Title _____	Phone No. _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Driver Lic. No. _____
		Soc. Sec. No. _____

In case of emergency, please contact (attach additional sheet , if necessary)

Contact Name _____	Phone No. _____
Address _____	Cell No. _____

NOTE: PAYMENT OF BUSINESS TAX DOES NOT RELIEVE THE APPLICANT (BUSINESS) OF THE REQUIREMENT TO COMPLY WITH ZONING , HEALTH , SAFETY AND OTHER REGULATIONS (STATE , CITY AND FEDERAL) . All persons conducting a business in /from the City of Fremont are required to pay the City Business Tax ("License") and any related fees . It is very important that the City has a correct and accurate record of your business . The application for a FREMONT BASED BUSINESS is subject to a review process .

I hereby certify under penalty of making a false oath that the information contained herein is to the best of my knowledge and belief , a true and complete statement .

Signature of Owner or Authorized Agent _____

Applicant's Printed Name _____

Phone Number _____

Date _____

NOTICE: Under federal and state law , compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public . You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies :
The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.ccda.ca.gov

OFFICIAL USE ONLY

Date Paid _____	Seq. No. _____
Amt Paid _____	Check No. _____



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BUSINESS TAX APPLICATION, p.2

All persons conducting a business in/from the City of Fremont are required to pay the City Business Tax ("License") and any related fees. It is very important that the City has a correct and accurate record of your business.

The application for FREMONT BUSINESS TAX is subject to a review process. *

* In order to open a business, approval may be required from the Planning Division, Building & Safety Division, Police Department, Fire Department, and/or the Alameda County Health Department.

Business Name: _____

Business Location: _____
(Cannot be P.O. Box) Number Street City State Zip

OFFICIAL USE ONLY

Returned to Revenue by: _____ Bldg. Insp. File #: _____

Taxpayer #: _____ MIS #: _____ SIC: _____

Occ. Grp.: _____ Construction Type: _____

Zoning District		Appl Rec'd	Reviewed (See Comments)	Name of Reviewer	Date
Zoning	494-4455				
Building Inspection	494-4460				
Fire/Hazardous Mat Dept.	494-4285				
Police Dept.	790-6972				
Health Dept.	567-6700				

Department	Reviewer Comments

Department	Other Comments